



Dart Aerospace Ltd.  
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**D4785-041**  
**Job Sheet 170042**



Part No: D4785-041

Job Qty: 1 ea

Part Name: Long Basket Base Assembly, LH/RH



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 1/8/18

Job Tracking No:

Due Date: 1/12/18

Created By: Mario Poulin

Type: SOLD

Description:

Note: DWG REV B SHEETS 1,2,3,4 IPP REV:A 13.03.14 NEW ISSUE DD VERF:JLM IPP REV:B 13.06.17 as per dwg rev.pb1 DD VERF:JLM IPP REV:C 13.07.04 revise bom per dwg rev.B DD VERF:JFS

Ship Via:

### Bill of Materials

### Job Routing

000359

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off       |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                |
| 90    | Start up Operation | 1 Ea  |            | 1/10/18  | 0.00      | 0.00    | Start Up Large Fab-6  |           | DL 2018-01-24  |
| 100   | Large Fab          | 1 pcs |            | 1/11/18  | 0.00      | 25.00   | Large Fab 1           |           | DL 2018-01-29  |
| 110   | QC                 | 1 pcs |            | 1/11/18  | 0.00      | 0.00    | QC9                   |           | CPC            |
| 120   | QC                 | 1 pcs |            | 1/11/18  | 0.00      | 0.00    | QC5                   |           | CAC            |
| 125   | HandFinish         | 1 pcs |            | 1/11/18  | 0.00      | 0.52    | HandFinish2           |           | BR 18-01-31    |
| 130   | Powdercoat         | 1 pcs |            | 1/11/18  | 0.00      | 0.84    | Powdercoat2           |           | BR 18-01-31    |
| 140   | QC                 | 1 pcs |            | 1/11/18  | 0.00      | 0.00    | QC3                   |           | DL 18-01-07    |
| 150   | HandFinish         | 1 pcs |            | 1/12/18  | 0.00      | 0.52    | HandFinish4           |           | DL 18-01-07    |
| 160   | QC                 | 1 pcs |            | 1/12/18  | 0.00      | 0.00    | QC5                   |           | DL 18-2-7      |
| 170   | Packaging          | 1 pcs |            | 1/12/18  | 0.00      | 0.00    | Packaging3-2          |           | DL 18-02-01    |
| 180   | QC21-SA            | 1 Ea  |            | 1/12/18  | 0.00      | 0.00    | QC21                  |           | DL FEB 01 2018 |

Part Op 100 - 1- Use DT9610A to assemble contour ribs and the (2) D3916-5 ribs , weld as per dwg D4785 \*\*\*ENSURE BOTTOM Descriptions: OF BASE RIB ARE STRAIGHT\*\*\* 2-Cut D4020-1 base mesh and tack weld all mesh on basket as per dwg D4785 and trim mesh to fit if necessary and trim to clear fasteners holes on the ends \*\*\*USE DT10158 WITH SHIM WHEN WELDING BOTTOM OF RIB D4785-115\*\*\* 3- weld hinge (3) and Mounting brackets as per dwg D4785

110 - \*\*\*ENSURE BOTTOM OF BASE RIB ARE STRAIGHT\*\*\* Use DT10160 jig to ensure D4785-115 holes are align after welding

120 - \*\*\*ENSURE BOTTOM OF BASE RIB ARE STRAIGHT\*\*\*

130 - 1- Plug holes and mask only interior of hinge (3) prior to powder coat

150 - Pick kit and assemble

IN 18467. START: 2:40. O.V.T: 3:50. FINISH: 2:55.

### Job Allocations

| Operation             | Component Part    | Required | Inventory | Allocated | Std Qty |
|-----------------------|-------------------|----------|-----------|-----------|---------|
| 90-Start up Operation | D2581 5005842     | 2        | 30        | 0         | 0       |
|                       | 5018470 D3913-1   | 1        | 7         | 0         | 0       |
|                       | 5018474 D3913-3   | 1        | 9         | 0         | 0       |
|                       | 5010881 D3913-9   | 1        | 5         | 0         | 0       |
|                       | 5026219 D3916-5   | 2        | 23        | 0         | 0       |
|                       | 5009181 D4016-1   | 3        | 14        | 0         | 0       |
|                       | 5012929 D4017-7   | 3        | 24        | 0         | 0       |
|                       | 5016763 D4020-11  | 2        | 16        | 0         | 0       |
|                       | 5021383 D4021-5   | 2        | 37        | 0         | 0       |
|                       | 5030318 D4034-041 | 1        | 2         | 0         | 0       |
|                       | 5030325 D4034-043 | 1        | 2         | 0         | 0       |
|                       | 5030908 D4785-1   | 2        | 4         | 0         | 0       |
|                       | 5031094 D4785-115 | 4        | 8         | 0         | 0       |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

# WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                          |  |                                                 |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | MRB (QSI042) Approval                           |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Completed By</b>                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | QC / QA Coordinator<br>Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                 |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                 |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                 |  |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

# WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only

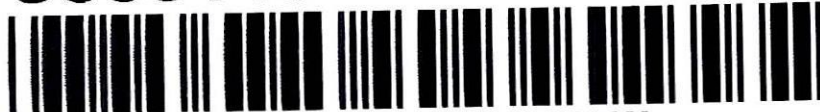
Work Order: \_\_\_\_\_

DISPOSITION

AGAINST DEPARTMENT/PROCESS

**Dart Aerospace Ltd.**  
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CANADA  
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**DART**  
AEROSPACE  
**S035148**



Long Basket Base Assembly, LH/RH

**PART NO: D4785-041**  
**Original Serial #: S035148**  
**Revision:**  
**Operation: Start up Operation 01/24/18**  
**Change No:**

**Job No: 170042**

**Master Unit 000061**

**Job No 170042**

Misaligned/off center

- ☐ Positioned Wrong
- ☐ Outside Dimensions
- ☐ Over/Under tolerance
- ☐ Part Incorrect
- ☐ Part Lost/Missing
- ☐ Part Moved
- ☐ Drawing
- ☐ Finish
- ☐ Misread
- ☐ Turning Sequence

Water Jet ☐ Engineering ☐  
Eng. Coord. ☐ Quality ☐  
Packaging ☐ Other ☐  
Supplier ☐

MRB (QS1042) Approval

Completed By

Lead hand / Supervisor  
Approval Verification

QC / QA Coordinator  
Approval

Past Expiry Date ☐ Manufacturing Process ☐  
Misidentified ☐ Past Due ☐  
OTHER: \_\_\_\_\_